

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

APR 20 1937

**1. PLACE OF DEATH**

County JASPER Registration District No. 411 File No. 12261  
Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
City JOPLIN (No. Greenman Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** GEORGE DEWEY GUST

(a) Residence, No. CRESTLINE KANSAS Ward. Crestline Kan.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 4 WEEKS How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FLORINDA GUST  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1900  
7. AGE YEARS 37 MONTHS 1 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) 2-20-37 11. Total time (years) spent in this occupation WIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CRESTLINE KANS.

13. NAME HENRY GUST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHICAGO ILL.

15. MAIDEN NAME NANCY ELLEN ALDERSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

17. INFORMANT Mrs. Florinda Gust (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE MESSER CEM. MAR. 31 1937

19. UNDERTAKER Jones, Rutland Co (ADDRESS) Columbus, Kansas

20. FILED 4-1 19 37 Ed D. Jensen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1937 to March 29, 1937  
I last saw him alive on March 29, 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:  
Influenza, Pyelitis, Endocarditis and enlarged Spleen

Date of onset Feb 7-37  
March 1-37

Other contributory causes of importance: 1330  
Pyelitis, Endocarditis, Enlarged Spleen, slight effusion in lower left chest

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) H. B. Boone, M. D.  
(Address) Salina, Kans.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

